

Hospitalization – when and why it might be necessary for someone with a serious psychiatric disorder

Source: <http://www.schizophrenia.com>

At some point or another, most people with schizophrenia (or another serious psychiatric disease) will likely have to be hospitalized for at least a short time. Hospitalization can be voluntary (requested by the patient themselves) or involuntary, meaning it is up to the discretion of the treating psychiatrist, emergency room staff, or a courtroom. At the point of hospitalization, a person may be in pretty bad shape - feeling sick, scared, out of control, and abandoned. Understandably, at the time it's not a pleasant experience for anyone involved. But it doesn't have to be something to fear.

Why might somebody need hospitalization, rather than outpatient care?

- patient needs to be in a protected environment to keep them from harming themselves or others.
- patient needs to be monitored by trained professionals for symptoms and medication reactions.
- patient needs a safe place where they can stabilize and concentrate on recovery.
- family needs a short respite to gather themselves and make long-term treatment plans.

What can you get with hospital treatment that you can't get as an outpatient?

- constant monitoring in a controlled setting, so medications can be adjusted more quickly and accurately. Hopefully, this means you start feeling better sooner.
- more time with a doctor and/or therapist, maybe every day. Trained staff members are always around to talk to about questions, concerns, or thoughts.
- group therapy, recreation programs, vocational/social rehab (programs will vary depending on the hospital)
- A safe place to gather yourself, get settled with medication, and stabilize so you can return to your own life as soon as possible.
- according to one schizophrenia.com member: "plenty of rest, free food, free laundry, you get to meet nice people, free recreation, [and] you get a chance to draw pictures and watch a show or two."

Choosing a Hospital Facility

Once it has been determined that hospitalization is necessary, you may have a choice (depending on insurance, availability, and your psychiatrist's recommendations) of what hospital to go to. Psychiatric facilities include public hospitals (state, county, or community), university (teaching) hospitals, private psychiatric treatment centers, and VA hospitals. Dr. E. Fuller Torrey, in his book "Surviving Schizophrenia" (pp. 180-188) offers the following suggestions for evaluating psychiatric in-patient facilities:

- talk to your doctor, treating psychiatrist, hospital staff, and other families who are familiar with programs in the area; ask for their recommendations and reviews of various programs

- look for a Joint Commission on Accreditation of Health Care Organizations (JCAHO) accreditation. A JCAHO team, upon invitation by the hospital, surveys patient care and services, therapeutic environment, safety of the patient, and quality of staff and administration. The hospital may receive full 3-year accreditation, full accreditation with a contingency (meaning that a follow-up inspection may be warranted), or no accreditation. Bear in mind that accreditation is given to hospital *as a whole*, NOT to individual wards. Ask for JCAHO accreditation at the hospital administration office, or look for a certificate by the entryway or in the lobby.
- the quality of staff, first and foremost, should indicate the quality of the ward. Due to the staff, even individual wards in the same treatment facility may vary in quality.
- do NOT assess quality by fees charged. Private facilities are not necessarily better than public ones. Again, evaluations of the staff at each location should guide you.

The Experience of Hospitalization for the Patient

Many members of schizophrenia.com have written about their experiences in hospitals (either voluntary or involuntary) on the discussion boards. Most agree, at least in retrospect, that getting treated in the hospital was the best thing for their health and well-being at the time. Some of their thoughts are quoted below:

"It's nothing to be scared about. Try the meds they give you and work with the staff. They are there to help and want you to talk to them when you are having problems. The other patients on the ward will have different illnesses than just schizophrenia, like bi-polar, depression and drug addiction...Hopefully if you go you can get things straighten out."

"I found that I was at my worst the two times I was at the hospital. So I did not like being there at all. But it was a place where I was safe, a place where I couldn't hurt myself or wander off. The hospital is the place my healing started, and I find that it was not an enjoyable experience but a helpful one."

"[T]he better your attitude about being hospitalized and the more hope you have for yourself, the better you will do, I think. I had faith that the medicine would help me from the beginning, and it turned out to be true."

"[S]ometimes, as my pdocs have said over the years, we need a "safe place" and sometimes that is the hospital."

The Experience of Hospitalization for Family Members

Hospitalization is no easy experience for friends or family members either. Especially if commitment was involuntary, family may be hesitant about visiting, unsure of how to react when their loved one returns home, and fearful that their loved one will never forgive them for making that hard choice. One schizophrenia.com member had the following thoughts about committing her child:

"In the early years, I would grieve myself so badly I would get physically sick. I felt so much guilt

if I allowed myself the slightest amount of pleasure, so instead would stay in continuous grief mode. It consumed me day and night - all I could think of was, what was what my child going through at that very moment? What kind of a Mother could I be if I dared allow myself to read a book, go to a movie, etc. when my son was locked up...

This I tell you serves no purpose. You need to be kind to yourself right now. Enjoying a bubble bath, going window shopping, having a laugh, does not mean you do not care and are not concerned. Instead it enables you to focus on helping your child and keeping up your spirits so you can show them a positive attitude."

Keeping a positive attitude, even through the difficult experience of hospitalization, is something that many family members stressed as important. As one relative said, *"It's so important to be cheery & positive when you visit them in hospital. I found it helped a lot if I just talked as if I EXPECTED him to be better soon."* Some family members are unsure about visiting, not knowing what to say or if their loved one even wants to see them. Visiting might indeed be difficult until medications start working - the ill person is not feeling well, and may be angry, frightened, or even out-of-control. In retrospect, most people who were committed agree that they needed to be hospitalized at the time, and appreciate that someone was looking out for them. Even if your loved one refuses to see you, or is angry with you, showing your love and support by continuing to go is one of the best things you can do. It helps to get through to them, even subconsciously, that they have not been abandoned. Below are thoughts on visiting from schizophrenia.com parents:

"He hated us for putting him in there.... until the meds kicked in. (He was never happy we did it, but never held a grudge that we did.) We went each evening after work all the way to the hospital to see if he would visit with us. The answer was always no, so we'd turn around and head for home. But we went anyway. The reason? Because we felt (and so did the psychiatrist we had then) that deep inside that pile of rage and paranoia was our son. And that deep down inside he needed to know that he was loved. So we went, were turned away, and did the same the next day or so, until the meds had kicked in and he wanted to see us."

Other things family members can do to make the hospital stay as easy as possible:

- Get to know the ward staff, so they know that someone is actively interested in the welfare of that particular patient. These are also the people who will ultimately be able to explain to you what is going on with your loved one, and help address your questions and concerns.
- Arrange for a tour of the facility, and become familiar with admissions procedure, daily schedules, and visiting hours and regulations.
- Ask about any rules regarding bringing a patient gifts, photographs, or food.
- Ask to be notified when your loved one is getting ready to be discharged.
- Learn about the treatment plan, and find out what your role in it can be.
- Talk with the staff before your loved one is discharged about how to continue care at home, what signs might signal a relapse or a medication reaction, and how to make the transition to living at home as smooth as possible for everyone.

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